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<b>SERIAL NUMBER</b> 10/581,468	<b>FILING OR 371(c) DATE</b> 05/04/2007 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 116 US PC02
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US04/37600 11/10/2004 which claims benefit of 60/527,882 12/04/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/31/2007

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

84560

**TITLE**

TREATMENT OF INFLAMMATORY BOWEL DISEASES WITH ANTI-IP-10 ANTIBODIES

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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